(Print Name of lobbyist)

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NEW HAMPSHIRE DEPARTMENT OF STATE

SATE OF		STATE OF NEW HAMPSHIKE
		2017 Statement of Income and Expenses
144		for LOBBYISTS
		(RSA Chapter 15)
	PLEASE PRINT	•

•	s partnership, firm or corp sional Association	oration, if any:		
	ne of partnership, firm or corpo	ration)		
18 Centre Str	eet (Concord	NH	03301
Business Address: (St	reet) (Town/City)	(State)	(Zip Code)
(603) 225-7170 (Telephone)	(603) 226-0165 e-mail_attys@biancopa.com			
	overs: (Choose one – file se ransactions which are not a		for each client, OR you ma nny one client).	y file a separate report for
•	_	-	reporting date relative to the	e following client:
Coalition of Ins	urance and Financial (Full Name of Client as it app		int Davistration Form)	
<u>OR</u>	(Full Name of Chent as it app	cars on the Looo	vist Registration Form)	
		uding the lobby	ist's family), or the lobbying	firm listed below which are
IV. Date of Report Reports cover: activ	April 26, 2017 ity from date of registration to	3/31/17	July 26, 2017 X activity from 4/1/17 to 6/30/17	
	October 25, 2017 activity from 7/1/17 to 9/30/17		January 31, 2018 i activity from 10/1/17 to 12/31/	17
V. There have been lf this box is checked. Concord, NH 03301.	no fees received and no complete just this form and	reportable tr submit it to the S	ansactions made since the Secretary of State's Office, St	ne last report. tate House, Room 204.
VI. Theck if addition	ial reports are attached:			
If you have receiv	ed fees or made expenditure	s. you must file	Addendum A+ Fees and Ex	penses
Expense Reimbursem	ent		must file Addendum B – Rep	
H If you, your firm,	or your family has made pol	itical contributi	ons, you must file Addendu	m C– Political Contributions
I have read RSA 15, F	firmation by Lobbyist RSA 15-B. RSA 14-C and RS est of my knowledge and bel		by swear or affirm that the f	oregoing information is true
(Signature of lobbyis	1)		(Dat	e)
James J. Bian	co, J / /			

P L E A S E P R I N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

II. Name of lobbyist's partnership, firm or corporation, if any:		
Bianco Professional Association		
(Name of partnership, firm or corporation)		
III. Name of Client Coalition of Insurance and Financial Producers	Dat	e 07/19/17
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The grouped by any expenses:	relation	s, or public relations service
a) Total of all fees received in this reporting period	a) \$	6,315
Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)		14,535
c) Total of all fees received to date (Add lines a and b)	c)\$	20,850
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$	0
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of less being lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report of any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	elient and nay be to aggregate penses; e: meals so than \$ d with a rting per te of greater than \$ expense	d if expenditures are made be filed for the lobbyist(s)/firm ate total of all expenses pai (b) the aggregate total of a purchased during a busines 10 that is given to the perso value of \$25.00 or less); an citiod of greater than \$25.00 for eater than \$25, purchase of 25, but not greater than \$56 the reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ _	6,315
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b)\$	0
	c) \$	0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 6,315
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$
f) Total of all expenses year to date	f) \$ 19,370
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
1/2	07/19/17
(Signature of lobbyist)	(Date)
James J. Bianco, Jr.	
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	firma	tion	by	Lobbyis
Statem	ent of	Income	and	Expe	ense	s for:

Name of Lobbying partnership, firm, or corporation	Bianco Professional Association
	partnership, firm, or corporation and not related to any
Date of Report (check one):	
April 26, 2017 ☐ July 26, 2017 ☒ Oc	tober 25, 2017 □ January 31, 2018 □
	tement of Income and Expenses described above, and tement (insert the number of Addendum forms being
Addendum C(s).	
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief. (Signature of lobbyist)	tion on the Statement and each Addendum is true and 7/7/20(7
Adam Schmidt	_
(Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Statement/Affirmation by	Lobbyist
Statem	ent of Income and Expense	es for:

Name of Lobbying partnership, firm, or corporation: Bianco Professional Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any
particular client): Coalition of Insurance and Financial Producers
Date of Report (check one):
April 26, 2017 □ July 26, 2017 ☑ October 25, 2017 □ January 31, 2018 □
have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and he following Addendums submitted with that Statement (insert the number of Addendum forms being ubmitted): Addendum A(s). Addendum B(s). Addendum C(s).
hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.
Know (Fig. 501) Signature of lobbyist) 7 July 3017 (Date)
Kathy Corey Fox
Print Name of lobbyist)

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Stater	nent/Aff	firmation	by	Lobbyist
Statem	ent of	Income	and Expe	ens	es for:

Name of Lobbying partnership, firm, or corporation: B	anco Professional Association
Name of Client (leave blank if Statement is for the partr	
particular client): Coalition of Insurance and Fina	incial Producers
Date of Report (check one):	
April 26, 2017 ☐ July 26, 2017 ☒ October	25, 2017 □ January 31, 2018 □
I have read RSA 15, RSA 15-B, RSA 664, the Stateme the following Addendums submitted with that Stateme submitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.	on the Statement and each Addendum is true and
(Signature of lobby of)	7/19/17
(Signature of lobbylet)	t (Date)
Karen Soucy	
(Print Name of lobbyist)	